

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previ	iously filed statement for the calendar year	2007.	
	EGISLATOR INFORMATION		
Name PETEL Edgecomb Mailing address 132 Baind Rd. City, zip code	Member of: ├───────────────────────────────────		
City, zip code (るかにわのん ひりつろし PART 1. INCOME)	DERIVED FROM EMPLOYMENT BY AND	486-3188	
List the name and address of each employer principal type of economic activity of each emp	from whom you received compensation loyer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
	The Sparie Walter and The Sparie		
A. List the name and address of your busine derived income. If associated with a partnersh areas of economic activity of that entity.	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed) ess, if any, and list the major areas of econip, firm, professional association, or similar	conomic activity from which you	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: Address: Address:			

PAR	T 2 (continued). INCOME D		.F-EMPLOYMEN	ÍT 💮	
B. List each source of income do	erived from self-employment that				
is greater, and specify the princip disclosure is prohibited by law, ru the entity or person from whom the	ule, or an established code of pro				
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	Name and Address of Source			vity of Entity or P the Source of the	
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Address:			The state of the s	·	-
Name:	·	,			
Address:					
		AREAS OF PRACTI are attorneys-at-law only	Simon for an indicate Marchael and the contract of the contrac		
List your major areas of practice.	If associated with a law firm, lis	CONTRACTOR OF THE PROPERTY OF			
Name a	nd Address of Firm	Majora	Areas of Practice (self)	Major Areas (firm	
Name:			-		
Address:				AND THE SAME OF TH	·
Name: Address:					
	PART A STHER S	SOURCES OF INCO	Mess		
List each source of income of \$1,	A CONTROL OF THE PROPERTY OF T		Service of the servic	If none, check th	e box.
☐ None	innation and the same and the s			······································	· · · · · · · · · · · · · · · · · · ·
	Name and Address of Source			Kind of Incor	A SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECURAR SECURITION
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Name: State of Ma	و			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name:					
Address:					
	PART 5. REPOR	TABLE LIABILITIE	S	S CONTROL OF CONTROL O	
List the names of creditors for ar areas of economic activity of each				ing period, and lis	st the major
None					
	Name and Address of Greditor		P	incipal Type of E Activity of Gred	
Name:		,			
Address:	·				
Name:				MAZINETEN ZILVEN AMBIEN OMBONIAN A MINISTER MANINEN AMBIEN A	The second of th
Address: .					
	PART 6. REP	ORTABLE GIFTS			
List the specific source of each gi	ift of more than \$300. Include gi	fts with an aggregate v	alue of more than S	\$300 from a single	e source. If
None None None		The second of th	we were the control of the control o	and the same of the Authorite over the	PR SULTER USE ANNEXES
Name of So	urce of Gift	1 3.	Name of Source	of Gift	And the same of th
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PART 7	REPORTABLE H	ONO	RΔRI	A. T. S. C. S.
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None				
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1.	3.			a special control of the second secon
2.	4.	· · · · · · · · · · · · · · · · · · ·		77.70
PART 8. REPRESE	NTATION BEFOR	RE ST	ÂTE	AGENCIES
List each executive branch agency before which you re the box.	presented or assiste	ed oth	ers for	compensation of any amount. If none, check
None	THE RESIDENCE OF THE PROPERTY			
Р None Name of Agency	ing ga paramo remaini manires randon (160 million sek remain de de l'article (1900))	૱ૢ૽૽ૼૺ૾૾ૺઌ૽ૺ૽ૼૢૼ૽ ૢ૽૽		
		') ** 	Cy g	Name of Agency
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PART 9. BUS	SINESS WITH STA	TF A	GEN	CIEC CONTROL C
List each executive branch agency to which you or a me	mber of your immed	iate fa	mily so	old goods or services with a value in excess of
Ψ1,000 during the reporting period. If notile, check the po	OX.			ord goods of scryices with a value in excess of
None				:
Name of Agency				Name of Agency
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PART 10. INCOME RECEI	IVED BY MEMBE	RS O	E IMM	EDÍATE EAMÍLY
List the type of economic activity representing each sou (ren) during the reporting period and the kind of income r "D" for income received by dependents	rce of income of \$1	വവ വ	r more	recogned by your angues and a state of the
Type of Economic Activity Representing Source of Inc.		Cír		
A Parameter of the control of the co	ome Received	appro leti		Kind of Income
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2.	787A das	S	D	
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4.	S. N. C. Mandare more in a service management of the service of th	s	D	and was & A A Shinch manner. Addid the mannershall this decrease in the control of the contr
	SIGNATURE			
Legislator who willfully fails to file a required staten 1 M.R.S.A. § 1017-A)		a fine	of \$10) per business day until the report is filed.
he intentional filing of a false statement is a Class E rillfully filed a false statement, it shall refer its findings of	crime. If the Com	missic	on con	cludes that it appears that a Legislator has
the Commission determines that a Legislator has willfine Legislator shall be presumed to have a conflict of uestion in committee or in either branch of the Legis 1 MRSA \$ 1019))) interest on every	CHES	efion o	nd shall be produced from water

1-8-08 Date

(1 M.R.S.A. § 1019)

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Please provide information you	any additional are providing.	l information be	elow (and o	on additional	sheets if need	ed). Indicate	the part or sec	tion number for the
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